

LETTER FROM WESTMINSTER

Waiting for medicine's big bang

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Above you see the shape of things to come. Advertisements along these lines in local papers or yellow pages, unthinkable today, could be commonplace a year from now, alongside the proclamations of surveyors, solicitors, and funeral directors. The possibility of family doctors advertising their services is among the proposals due to appear in the government's primary care white paper in about three weeks' time.

Whether or not this development sends the BMA and the General Medical Council into joint orbits, the idea is merely incidental to much more fundamental changes in store for the family practitioner services. The white paper and its accompanying legislation will mark a new drive to make the National Health Service less of a national hospital service.

Britain's 30 000 family doctors are often characterised as the front line of the health service. If that makes general practitioners the medical infantry it might be said that the marching orders they are about to receive from Social Services Secretary, John Moore, will take them on an adventure deep into unknown territory. At least the objective will be clear. It is to put the general practitioner at the spearhead of modern preventive medicine, using whatever specialist, organisational, and computer aided skills are needed. It will be medicine's equivalent of the city's celebrated "big bang."

Until now few in the profession would have expected so much to flow from last year's green paper, *Primary Health Care: An Agenda for Discussion*, a rather timid document which the social services select committee described as "fairly modest." Its central proposal was to build into the system of general practitioners' remuneration a method of assessing and rewarding "good practice" (thus relegating other practices in a second category of "not good" or "bad"). It did not find favour with any group of health care professionals.

Other proposals in the document included compulsory retirement of general practitioners at 70; new contracts to provide a wider range of primary care services; more postgraduate education for general practitioners; the establishment of health care shops; more information for patients; and easier ways for patients to change doctors. A parallel review of the facilities provided by dentists, pharmacists, opticians, nurses, and allied professions would complete the overhaul of the community health services.

Little room for negotiation

So far the process has taken four and a half years, and it was in danger of running into the sand. Mr Moore has put it back on firm ground. Next month's white paper, going beyond the modest limits of *Agenda for Discussion*, will bear also the distinctive stamp of health ministers Mr Tony Newton and Mrs Edwina Currie. Publication is pencilled in for 19 November and with simultaneous legislation it is clear that Mr Moore means business in the sense of presenting the professions with a fait accompli that leaves room for negotiation only at the margins. I do not pretend to have been privy

to any of the six preliminary drafts of the white paper, although some well founded speculation is possible.

The starting point is Mr Moore's speech of 16 October (24 October, p 1080). The speech was read to the annual conference of the Society of Family Practitioner Committees, and the great storm which prevented him addressing the audience in person also blew away any subsequent publicity. In it he invited the professions to enter into the spirit of negotiations that would be designed to produce services that are "more sensitive to the needs of the consumer, place a much greater emphasis on prevention, improve cost-effectiveness, and generally raise standards."

By way of a stiffener he put the customer first by pointedly reminding family doctors of their right to a contract with the NHS and virtual security of tenure for life. In other words, Mr Moore's message is that he thinks general practitioners are doing quite well for themselves and for their patients, but that the general standard of service should be raised nearer to that of the best.

As ever, cash incentives are the spur. They will reward the highest standards of performance, which cost more to provide. Mr Moore is likely to propose a variation of the group practice allowance and remunerate not only according to the range of services available to patients but also in line with targets set and hit. Each practice would have its target of risk groups—children to be immunised, women to be screened, the elderly to be supported. It must speed Mr Moore's wish to see a computer on every doctor's desk. Meeting targets will bring in more money than capitation fees.

And as running a practice is to this government almost as exalted as running a small business similar rules of competition and customer satisfaction should apply. All patients, therefore, should be given a leaflet setting out exactly what services are offered, and doctors will be under a duty to provide it. Doctors will be free, if not obliged, to advertise their services so as to attract new patients, presumably to an upper limit. And why should not those admirable small businesses, the retail pharmacists, be allowed to get into the act—for example, by taking their customers' blood pressure? Most already offer weighing machines, after all.

Mr Moore's shake up will certainly shake out older doctors, ending 24 hour retirement and introducing a compulsory retiring age of 70, reducing to 65 in time. The present system is a throwback to the early days of the NHS when medical manpower was scarce. Most doctors retiring now have had a full career in the NHS and a full pension. There will probably be a more generous allowance for practices taking trainee general practitioners and improved arrangements for study leave.

The emphasis on prevention is designed to take pressure off the hospital service, as will incentives for family doctors to perform minor surgery or have more hospital beds of their own. Where general practitioners are in short supply in the inner cities salaried doctors will be appointed.

In England and Wales the family practitioner committees will be a new power in the land, setting targets and measuring the degree of success in meeting them. As Mr Moore said: "I can certainly promise you an interesting time." Of course, it will need a lot more money. So his next words are worth noting: "I can also promise you that when the time comes for you to take on these additional functions, we will provide you with extra resources to enable you to do so."

A week or so before the white paper is published we will know the outcome of this year's public spending round and in what shape Mr Moore has emerged from Whitehall's "star chamber."